Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp

Filed Date: 12/30/2024 11:38 PM

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 09/21/2024
through 12/31/2024

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1465730

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Hla Elkhatib For Folsom City Council 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Folsom	CA	95630	(916)804-2897

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
hla.elkhatib@gmail.com

Treasurer(s)

NAME OF TREASURER
Hla Elkhatib

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Folsom	CA	95630	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
hla.elkhatib@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/2024 (Date) By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on 12/30/2024 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Hla Elkhatib

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Other

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Folsom	CA	95630

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX)	
CITY — STATE — ZIP CODE — AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX)	
CITY — STATE — ZIP CODE — AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 2,772.00	$ 33,895.00
2. Loans Received	*Schedule B, Line 3*	(120.00)	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2,652.00	$ 33,895.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	150.00	200.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,802.00	$ 34,095.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 25,426.71	$ 34,045.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 25,426.71	$ 34,045.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	150.00	200.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 25,576.71	$ 34,245.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 22,774.71
13. Cash Receipts	*Column A, Line 3 above*	2,652.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	25,426.71
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 09/21/2024
through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2024	Catherine Elder [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Aspen Environmental Group	25.00	50.00	50.00 G-24
9/25/2024	Miguel Artzner [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Nurse Practitioner Sutter Health	50.00	50.00	50.00 G-24
9/25/2024	Ana Maria Espinoza [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	25.00	25.00	25.00 G-24
9/25/2024	William Purcell [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	50.00	50.00	50.00 G-24
10/6/2024	Amar Shergill [redacted] Elk Grove CA 95757	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Shergill Law Firm	27.00	27.00	27.00 G-24
			SUBTOTAL $	177.00		

Schedule A Summary

1. Amount received this period – itemized monetary contribution (Include all Schedule A subtotals.) ..... $ 2,772.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 2,772.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2024	Steve Stevens [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	unemployed unemployed	50.00	50.00	50.00 G-24
10/11/2024	JFK Democratic Club ID#1465730 [redacted] Citrus Heights CA 95610	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	100.00 G-24
10/11/2024	Katie Valenzuela for Sacramento City Council ID#1426389 [redacted] Sacramento CA 95841	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		150.00	150.00	150.00 G-24
10/11/2024	Zoe Kipping [redacted] Sacramento CA 95811	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Librarian Loaves and Fishes	25.00	25.00	25.00 G-24
10/11/2024	Sacramento Central Labor Council ID#743338 [redacted] Sacramento CA 95841	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		150.00	150.00	150.00 G-24
			SUBTOTAL $	475.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2024	Syeda Inamdar [redacted] Fremont CA 94539	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Mercy Medical Group	150.00	150.00	150.00 G-24
10/13/2024	Ali Moezzi [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	10.00	10.00	10.00 G-24
10/14/2024	Omar Ahmed [redacted] Elk Grove CA 95624	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Sutter	150.00	150.00	150.00 G-24
10/14/2024	Sarah Dehaybi [redacted] Rocklin CA 95677	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Kaiser Permanente	150.00	150.00	150.00 G-24
10/14/2024	Asra Jaffar [redacted] Cary NC 27519	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Provider Healthcare	100.00	100.00	100.00 G-24
			SUBTOTAL $	560.00		

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IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2024	Anas Jebrini [redacted] Yuba City CA 95993	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Self	150.00	150.00	150.00 G-24
10/14/2024	Farah Kassamali [redacted] Fremont CA 94539	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Sutter	150.00	150.00	150.00 G-24
10/14/2024	Afshan Khan [redacted] Austin TX 78746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Self	25.00	25.00	25.00 G-24
10/14/2024	Mohammad Khan [redacted] Riverside CA 92503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Van buren dialysis	150.00	150.00	150.00 G-24
10/14/2024	Sameer Mohammed [redacted] Beaverton OR 97007	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician VA	150.00	150.00	150.00 G-24
			SUBTOTAL $	625.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2024	Nuzhat Shaikh [redacted] Dublin CA 94568	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Kaiser Permanente	50.00	50.00	50.00 G-24
10/15/2024	Dina Ezzeddine [redacted] Berkeley CA 94707	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Sutter	150.00	150.00	150.00 G-24
10/15/2024	Syed Mahmood [redacted] Foster City CA 94404	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	150.00	150.00	150.00 G-24
10/15/2024	Chris Yatooma [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	50.00	150.00	150.00 G-24
10/25/2024	Eunie Jung [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Faculty University	10.00	10.00	10.00 G-24
			SUBTOTAL $	410.00		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2024	Mohammad Kashmiri [redacted] Sacramento CA 95811	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Field Representative SEIU Local 1021	50.00	50.00	50.00 G-24
10/25/2024	Alice Montes [redacted] Sacramento CA 95834	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Government Relations Union	150.00	150.00	150.00 G-24
10/25/2024	Stephen Pass [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	100.00 G-24
10/25/2024	Fareeha Sattar [redacted] Granite Bay CA 95746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician The Permanente Medical Group	150.00	300.00	300.00 G-24
10/25/2024	Lonie Ulrich [redacted] El Dorado Hills CA 95762	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Planner Blue Shield of CA	25.00	25.00	25.00 G-24
			SUBTOTAL $	475.00		

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IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2024	Chris Yatooma [redacted] Folsom CA 95630	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	50.00	200.00	200.00 G-24
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	50.00		

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IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Notes

NOTES

CALIFORNIA FORM **460**

NAME OF FILER	I.D. NUMBER
Hla Elkhatib For Folsom City Council 2024	1465730

Fareeha Sattar-20241025-Additional Contribution Information: This amount ($150) has been refunded

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Hla Elkhatib [redacted] Folsom CA 95630 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Law Student UC Davis School of Law	$ 120.00	$ 0.00	☑ PAID $ 120.00 ☐ FORGIVEN $ 0.00	$ 0.00 DATE DUE	0.00 % RATE $ 0.00	$ 120.00 01/12/2024 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	0.00 % RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	0.00 % RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 0.00		$ 120.00	$ 0.00	$ 0.00		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ..... $ 120.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET $** (120.00)
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2024	Ryan Brown [redacted] Sacramento CA 95822	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief of Staff City of Sacramento	Mail	150.00	150.00	150.00 G-24
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 150.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ..... $ 150.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100..... $ 0.00
3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL $** 150.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Fedex 1008 East Bidwell Street Folsom CA 95630	OFC	Printing	9.48
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego CA 92116	OFC	Software	100.00
Lowes 800 East Bidwell Street Folsom CA 95630	CMP	Yard sign materials	149.50
Jason Carns 934 South Stanford Avenue Fresno CA 93727	CNS	Precinct walk lists/data	1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,258.98

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	25,426.71
2. Unitemized payments made this period of under $100	$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	25,426.71

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

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Statement covers period
from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
J's Quality Printing 1521 E Street Sacramento CA 95814	CMP	Yard Signs	1,060.31
Fedex 1008 East Bidwell Street Folsom CA 95630	OFC	Printing	13.04
Fedex 1008 East Bidwell Street Folsom CA 95630	OFC	Printing	3.32
Lowes 800 East Bidwell Street Folsom CA 95630	CMP	Yard sign materials	10.75
J's Quality Printing 1521 E Street Sacramento CA 95814	CMP	Yard Signs	217.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,304.92

Schedule E (Continuation Sheet) Payments Made

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from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Hla Elkhatib For Folsom City Council 2024

I.D. NUMBER
1465730

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Domino's Pizza 421 Blue Ravine Road Folsom CA 95630	POS	Pizza for volunteers	35.54
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	1,335.28
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	PRT		2,738.68
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	2,826.02
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	504.62

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 7,440.14

Schedule E (Continuation Sheet) Payments Made

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from 09/21/2024
through 12/31/2024

CALIFORNIA FORM 460

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	2,836.61
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	3,196.92
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego CA 92116	OFC	Software	200.00
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	1,335.91
Mailing Systems Inc 1464 Enterprise Boulevard West Sacramento CA 95691	POS	Mail	2,837.94

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SUBTOTAL $ 10,407.38

Schedule E (Continuation Sheet) Payments Made

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from 09/21/2024
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CALIFORNIA FORM 460

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Switchboard P.O. Box 33485 Washington DC 20033	OFC	Texting	260.85
Switchboard P.O. Box 33485 Washington DC 20033	OFC	Texting	188.51
Golden State Public Affairs 5930 South Land Park Drive Sacramento CA 95822	OFC		1,020.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego CA 92116	OFC	Software	100.00
California Secretary of State Office 1500 11th Street Sacramento CA 95814	FIL	Filing Fee	50.00

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SUBTOTAL $ 1,619.36

Schedule E (Continuation Sheet) Payments Made

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from 09/21/2024
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CALIFORNIA FORM 460

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Fareeha Sattar 9486 Swan Lake Dr Granite Bay CA 95746	POS	Refund of $150	150.00
California College Democrats ID#1277253	CTB		218.59
eFundraising Connections 2831 G Street Suite 200 Sacramento CA 95816	OFC	Efundraising fees	1,027.34
Nav Gurm for Fresno City Council ID#1474209 5200 N Palm Ave #306 Fresno CA 93704	OFC	Support	2,000.00

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SUBTOTAL $ 3,395.93